

**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only  
Received 11-8-10  
Amount \$100000

*Unmailed Validation  
Letter 12/1/10*

Ch #

330.-

50466

**I. IDENTIFICATION**

Name Christian Health Center of Bowling Green

Address 1800 Westen Street

City/County/Zip Bowling Green, Warren, 42104

Telephone number 270-796-6643

Administrator Melanie Eaton

Date facility operation began at current address 1996

Date facility began operation under current owner 1996



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>                    </u>	<u>                    </u>
Nursing Home	<u>                    </u>	<u>                    </u>
Nursing Facility	<u>22</u>	<u>22</u>
Intermediate Care	<u>                    </u>	<u>                    </u>
ICF/MR	<u>                    </u>	<u>                    </u>
Personal Care	<u>                    </u>	<u>                    </u>

**II. CONTROL (check one in each column)**

State	Profit	Individual
County	<input checked="" type="checkbox"/> Nonprofit	<input checked="" type="checkbox"/> Partnership
City		<input checked="" type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Private		

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

Christian Care Communities, Inc.

12710 Townepark Way, Suite 1000; Louisville, KY 40243

(OVER)

11/30

If facility owned or leased by a corporation, complete the following:

Name of corporation Christian Care Communities, Inc.  
Address of corporation 12710 Townepark Way, Suite 1000; Louisville, KY 40243  
President or Chairman Keith Knapp  
Vice President Rick Marshall  
Secretary Rick Marshall  
Treasurer Rick Marshall

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent  
**Christian Care Communities, Inc.**  
12710 Townepark Way, Suite 1000  
Louisville, KY 40243-1596

Management Company  
**Broadhurst Group**  
12710 Townepark Way, Suite 2002  
Louisville, KY 40243-1596

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Melanie Eubank  
Signature of authorized representative

Administrator  
Title

10/26/2010  
Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

**Corporation Officers:**

Mr. Keith Knapp, President and Chief Executive Officer  
The Cumberland Building  
12710 Townepark Way, Suite 1000  
Louisville, KY 40243

Mr. Rick Marshall, Executive Vice President  
The Cumberland Building  
12710 Townepark Way, Suite 1000  
Louisville, KY 40243